

DEPARTMENT OF ENVIRONMENTAL QUALITY

HAZARDOUS WASTE SITE CLEANUP BUREAU
1100 N. LAST CHANCE GULCH
HELENA, MT 59601
(406) 841-5000

24-HOUR INITIAL RELEASE RESPONSE REPORT

| | | |
|--------------------------|-------|--------|
| Date Release Discovered: | | Time: |
| Notification Date: | Time: | By: |
| Confirmed Release Date : | | |
| Reported by: | | Title: |
| Address: | | Phone: |

ALL INFORMATION MUST BE REPORTED WITHIN 24 HOURS OF RELEASE DISCOVERY

FACILITY ID#: _____ **RELEASE ID#:** _____

Facility Name: _____

Type _____ of _____ **Federally Regulated Tanks?** Y ☐ N ☐
Facility: _____

Release Location Description: _____

Release Location Address: _____

City: _____ State _____ Zip: _____

Latitude: _____ **Longitude:** _____
(decimal degrees) (decimal degrees)

LL Method:
(Please choose one of the following)
☐ Map Interpolation
☐ Navigation- Quality GPS
☐ Map Interpolation High Quality
(Topofinder)

Facility Owner/Operator Name: _____

Contact Person Name: _____ **Phone:** _____

Contact Person Mailing Address: _____
(if different from above)

City _____ State _____ Zip _____

Property Owner Name: _____ **Phone:** _____
(if different from facility owner)

Property Owner Address: _____
City _____ State _____ Zip _____

Has owner/operator notified their insurance company? Y ☐ N ☐

Name of insurance company _____

Are any costs associated with this release payable under the existing insurance policy? Y ☐ N ☐

RELEASE DESCRIPTION (Indicate All Unknowns with UK)

1. **Cause of Release:** _____

2. **Product Lost From:** Tank _____ Pipe _____ Overfill/Spill _____
Estimated Amount Lost _____ (gallons)

3. **Tank ID#(s)** _____, _____, _____, _____, _____, _____, _____

Product Type(s) _____, _____, _____, _____, _____, _____, _____

Tank/Pipe Age(s) _____, _____, _____, _____, _____, _____, _____

Capacity(ies) _____, _____, _____, _____, _____, _____, _____

Material of Construction: Steel _____ Fiberglass _____ Other _____

4. **UST/PST System Type(s)** _____ Underground Tanks & Piping
_____ Aboveground with Underground Pipe
_____ Aboveground with Aboveground Pipe
_____ Piping Pressure/Suction

Other (explain) _____

5. **How Was Release Discovered?**

_____ Tank/Piping Removal

Soil Staining Y/N, Odors Y/N, Sheen on Groundwater Y/N

Field Monitoring Equipment Used? Y/N (give readings)

_____, _____, _____, _____, _____, _____

_____ Soil/Water Samples (results) _____, _____, _____, _____

_____ Tightness Test Tested by _____

_____ UST System Leak Detection Equipment (type) _____

_____ Surface Spill (estimated amount) _____

_____ Complaint

_____ Product Inventory (loss amount) _____

_____ Other (describe) _____

| 6. Check if impacts to: | Are Known | Are Potential |
|----------------------------|-----------|---------------|
| Groundwater | _____ | _____ |
| Surface Water | _____ | _____ |
| Drinking Water Supply | _____ | _____ |
| Public _____ Private _____ | | |

Date Release Confirmed (40) _____
Date Release Under Control (20) _____

Date Cleanup Initiated (10) _____
Date Cleanup Completed (30) _____

Remediation Type: (circle all that apply) *Bio Remediation, Landfarming, Landfilling, Soil Excavation, Soil Washing, Thermal Destruction, Chemical Treatment, Air Stripping, Carbon Filter, Dissolved Air Floatation, Filtration, Vapor Extraction, Steam Stripping, Soil Venting, Pump & Treat, Other:* _____

CORRESPONDENCE INFORMATION/CHRONOLOGY

| | <u>Code</u> | <u>Date Required</u> | <u>Date Rec'd/Approved</u> |
|---|-------------|----------------------|----------------------------|
| 1. | <u>10</u> | _____ | _____ |
| Comment: <u>Confirmation of Release (date release was discovered)</u> | | | |
| _____ | | | |
| 2. | <u>21</u> | _____ | _____ |
| Comment: <u>24-hour release report</u> | | | |
| _____ | | | |
| 3. | <u>22</u> | _____ | _____ |
| Date Sent: _____ Comment: <u>30-day release letter sent to RP</u> | | | |
| 4. | <u>23</u> | _____ | _____ |
| Comment: <u>30-day follow-up report rec'd</u> | | | |
| _____ | | | |
| 5. | _____ | _____ | _____ |
| Date Sent: _____ Comment: _____ | | | |
| _____ | | | |
| 6. | _____ | _____ | _____ |
| Date Sent: _____ Comment: _____ | | | |
| _____ | | | |
| 7. | _____ | _____ | _____ |
| Date Sent: _____ Comment: _____ | | | |
| _____ | | | |
